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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03792 #129

CERTIFICATE OF DEA

TH	Reg. Diat. No.
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ma.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carried	State Znot County Calvet
City or town (If outside city or town limits, write RUKAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural_give LOCATION)
How long in hospital or testitulion?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Emana A	Biro no
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
5 W M	
F W M	20. DATE DF DEATH. ANAY 2 1947, at 4:30 M
6. (b) Name of husband or wife Charles & Bird	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	april 8 1946, to ? 19
7 Right date of	and that I last saw here alive on
deceased (mo., day, yr.) Man, 20, 1890	Immediate cause of death Bulle Rebelled DURATION
8. AGE: Years Months Days 11 tess than one day	
57 / /2hrsmin.	
We demaille Visioni	Chronic almilio Deloumes
9. Birthplace Was County and state)	Due 10
10. Usual occupation Thomas (Imabel)	
	Due to
11. Industry or business	
12. Name Colored Arnold 13. 61rthplace Virginia	Dther conditions
13. 6irthpiace Vinguia	(Include pregnancy within 3 months of death)
14. Malden name Emula Pemberton	
	Major findings of operations
≥ 15. Birthplace	Date of op.
16. Informant Charles Tural	Autopsy results
Address Browne Island	
- Buil Mars 6 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereol. (mont) (day) (year)	Accident, sutcide, or homicide
Gemetery or crematory St. Caulo	Where did injury occur?
Paris Fullenile 4.	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director. 9.4. Hashines Vien	Means of Injury Injured at work?
Address Mulual med	Q 1. SAM
Audicas	23. SIGNATURE M. D. or other
19. May 1- 18. 4) N. W. Ward	Address Prince Frederick Date signed 5/3/47

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CHOIL GOLD DAMES

RECEIVED MAY 13 1947 BURLA 6

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•	WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.
	informatio of death c
DING	em of
3 BIN	rery it
) F0]	ply ev
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9-45-15M	VRITE PLA
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CERTIFICAT	E OF DEATH Reg. Dist. No.
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For perhops infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (Furnal, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME White Blanch an 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
	20. DATE OF DEATH May 30 19 42 at 1
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
T. Birth date of deceased (mo., (ay, yr.) 1931	and that Plast saw h
8. AGE: Years Months Days If less than one day	firown -
hrsmin.	
9. Birthplace abwn, county and state) 10. Usual occupation.	Due to
11. industry business 12. Ima Slovin Blankardin 13. Birthpiace	Other conditions
14. Maiden name 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Major findings of operations. Oate of op.
16. Informant U.S. Helen Cuancole Address (4/2 e St. M & Waha	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due-to external causesy fill in the following:
17 Cembrul Date thereof January 3 - 194 (month) (day) (year)	Accident, suicide, or homicide.
Location Mashington, UC.	injured at home, farm, industry, public place (where?) (Cospity) (State) Meens of injury (State)
Address 517-11th 5T SE Wash, WC.	23. SIGNATURE A. D. or other
Date ree'd by registrar)	Address Date signed Color J.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

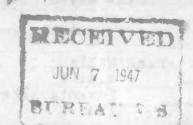
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03794

CERTIFICATE OF DEATH

Reg. Diat. No. 52

1. PLACE OF I	DEATH:		2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
County Calvert			State Md.		
City or town	Paris	limits weits PHPAL and give payout town)	State Paris	County	
	30	imits, write RURAL and give nearest town)	City or town	mits, write RURAL and give nearest town)	
How long in above pi	or street address where	death occurred:	N. L.		
				vive LOCATION)	
them to be because	l or institution?		2.(a) If veteran, name war		
			2.(c) II feletati, filmic war		
3. (a) FULL NA	ME	0	-	3. (b) Social Security Number	
	Luvenia	Co	ales	nene	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
F	C	Married	20. DATE OF DEATH 29 W	1ay 1947 17:45pm	
	•	and Contract	21. I CERTIFY that death occurred on the date	above stated: that I attended deceased from	
6.(b) Name of huebe	ING OF WITS	es Coates	23 May	10 47 10 29 may 1,47	
7 Girth dots of	***************************************			27 may 0 147	
deceased (mo., de	y, yr.) Oct.	9,1886	Immediair cause of death Cerely	al hower hage OURATION	
	eare Months	Days If less than one day			
60	7	20hrs. min.	4 4 5 0		
A A CA MA			Due to Essential hypo		
9. Birthplace	(Town	, Md , , county, and state)			
40 Hourt occupable	n Dom	nestic			
		NGBUTC	Due to		
11. Industry or busi			Candida	000	
里 12. Name		8	Other conditions Cardiac Qu	varge ment / 1 was	
₹ 13. 8irthplace	A.A.		(Include pregnancy withi		
E	Luve	enia Alton			
14. Maiden nar 0W 15. Birthpiace	Luve Md)			
≥ 15. 8irthplace				Date of op	
16. Informant	James Ce	ates	Aotopsy resolts		
Address		Cal. Co. Md.	PHYSICIAN: Please underline the cause to	o which death should be charged statistically.	
	rial	Juna 1 1947	22. VIOLENCE: tt death was due to externa	I causes, till in the tollowing;	
	tion, or removal. Which		Accident, suicide, or homicide	Oate ot	
		ent	Where did Injury occur?	(7)	
Cemetery or crematory. Patuxent. Huntingtown, Md.			Where did Injury Occur?		
Location	HURCINGL	MH 9 Ind 6		e (where?)	
19 Eugent disease	T A War	desty & Sen	Means of Injury	Injured at work?	
	ABINA STATE	ville, Ma	/, //	(V. 1 4 2/1 1)	
Address	GNIES		23 SIGNATURE Stay -	Cox h M.J.	
ma	30 19 47	Grace & Nutchin	1.41	M. D. or other	
(Date rec'd by	registrar)	Registrar	Address hollida.	Med Date signed 29 heary 47	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Diat. No.

CERTIFICATE OF DEATH

1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants-give residence of mother)
	State County County
	City or iown (If outside city or town limits write RURAL and give nearest town)
	Sfreet No
	2.(a) If veteran, name war
/	3. (b) Social Security Number
_	more
	MEDICAL CERTIFICATION
_	20. DATE DE DEATH 5/30 18/7 at 1/20 ft.
1	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from
S	and that I last saw h
=	Immedia Jane of death DURATION
	how -
	Dua to
	Due 10
-	
	Other conditions
-	(Include pregnancy within 3 months of death)
	Majur findings of uperations.
-	Date of op.
	Autupsy results
4	22, VIOLENCE: It dealh was due to external causes till in the following:
	Accident, suicide, or homicide
	Where did Injury occur?
	Injured al home, farm, industry, public place (where?)
	Misans of Injury Injured at work?
	the state of
	23. SIGNATURE M. D. or other
Г	Address

1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: How long in hospital or institution?.... 3. (a) FULL/NAME 7. Birth date of deceased (mo., day, yf.) Days If less than one day Years Months 8. AGE:

(Town, county, and state)

10. Usual occupation

13. Birthpiace

18. Funeral director

(Date rec'd by registrar)

Address

(Burial, cremation, or removal, Which?)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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03796 # 130

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Plus VI & Toursell A Comment
City or town	State. Mashing and the state of
V	(If outside city or town limits, write RURAL and give newst town)
ow long in above piace of death?	1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Calver Co Horpital	Street No. 153 4 Cifrural, give LOCATION)
(/)	
ow long in hospital or institution?	2.(a) It veteran, name war
B. (a) FULL NAME Clade L. Fowler	3. (b) Social Security Number
4. Sex 5. Color or safe 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m white married	20. DATE OF DEATH. 21 3 20.
5, (b) Name of husband or wife asther Fowler	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	ears and that I last saw h
deceased (mo., day, yr.) sure 3, 1895	Immediate cause of death DURATION
B. AGE: Years Months Days It less than one day	Immediate Cause of Gaath
71	min.
a P	
). Birthplace	Due to Talema
O. Usual occupation. Builder	Due to Trauma of right leday
1. Industry or businesa	
12 Name Loseny W. Fowler	Other conditions Frankle of right worth
	Dilies Conditions
13. Birthplace Swanney, Wales.	(Include pregnancy within 8 months of death)
14. Maiden name Louise Heldebrand	Major findings of operations.
15. Birthplace Sharou, Pa.	Date of op.
16. Interment Waspital Cards	Autopsy results
Address	
17 Remark Bate thereof 5-10-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Whieh?)	Accident, suicide, or homicide.
Cemetery or crematory	Where did Injury Occur?
·	Injured at home, sam, Industry, public place (where?)
Location	and the branch of the same
18. Funeral director & wom Lees Jours Co.	Meens of Injured at work?
all ittel me you	80. 4 / 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
Address 380 - 4 - 51. 11-6. Wash.	D. C. It Dest State Wed Zyan
5-10 . 47 N-711 8110.	M. D. or other
(Data registrar)	trar Address Trunce + rederich Date signed 5/10/4

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MAY 15 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE of DEATE: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed or diverced S.	MEDICAL CERTIFICATION 20. DATE OF DEATH 5 / / 19/7 21 230 / M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that leet on 19
8. AGE: Years Months Days If less than one day 19 — — hrs. min. 9. Sirthplace	Immediate cause of death DURATION Due to Due to Due to Duration
(Town, county, and state) 10. Usual occupation	Due to.
12. Name Joseph & Troy 13. Birtholace Palvett Co mid.	Other conditions
14. Maiden name Ellen Thello 15. Birthplace anne arundel. Co rud	Major findings of aperations
16. Informant Joseph S. Gray Address Paris Fall.	Antopsy results
17. (Burial, cremation, or removal Which?) Date thereof Date thereof (Burial, Carlot) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Coopers Chapee	Where did injury occur? (City or town) (Coffy) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director Junhary Sewell	Meens of injury at home, farm, industry, public place (where r)
19 May 11 19 47 Grace D. Hutching	23. SIGNATURE M. D. or other Date signed /// //



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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Reg. Dist. No.

PENCE OF DEATH:	2. USUAL RESIDENCE (HOME) UF DECEASED: (For newborn in fants give residence of mother)
County	State County Aller
(If outside city or town limits, write RURAL and give nearest town)	(2)
How long in above place of death?	(If outside city or towe limits, write RURAM and give nearest town)
Hospital, Institution, or street address where death occupred:	
algeret to South	Street No(If rural, give LOCATION)
How long in hospital or institution? Thanks	2.(a) It veteran, name war
3. (a) FULL NAME of Medi Dung Ing.	3. (b) Social Security Number
Takes fire Merie	Alland. 3. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale Caland Dengle	20. DATE DF DEATH MAJ 27 19.47, at 10 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	5/27 1947, 10 5/27 1947
7. Sirth date ot S. (c) tt alive, give age years	and that I last saw h ev alive on Tracy 27 18 47
deceased (mo., day, yr.) 57 27/4-7	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
hrsmin,	0
P. Ma Didinal	
9. Birthplace (Town, county, and state)	Due to
t0, Usual occupation	
	Due to
tt. Industry or business	
12. Name	Other conditions
Z t3. Birthplace Almed O.	
# No from D. Hall	(Include pregnancy within 3 months of death)
t4. Maiden name	Major findings ol operations.
El 15. Birthpiace Cher, 12 cash	Date of op.
ts. Informant Sie Wellend.	Autopsy results
Al al restrict to the	PHYSICIAN: Please coderline the cause to which death should be charged statistically.
Address Junimy values M	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide
(Burlal, cremation, or removal, Which?)	
Cemelery or crematory.	Where did Injury cccur?
Location	Injured at home, farm, industry, public place (where?)
Les Nella d	Meaos of Injury Injured at work?
18. Funerat director.	(), OA ++
Address Olvings Ma	23. SIGNATURE SAGE
6-29 47 (W/ YI)	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Frence Redenchate signed 5/28/47

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MAY 30 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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JUN 10 1947 CERTIFICATE OF DEATH

	Reg. Diat. No.
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ut	RURAL and give nearest town)

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	/1) a 1 a 1 a 1 a 1
3.	(b) Social Security Number
RT	IFICATION
	28, 1947 at 11 Da
	d. that I attended descreed from

How long in above plac Hospital, institution, o	Calumoutside city or town I e of death? r street address where	death occurred		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a state
4. Sex	5. Color or race		Lurley. , married, widowed, or divorced	MEDICAL CE
m.	C		X	20. DATE DF DEATH
6.(b) Name of husband 7. Birth date of		rsill) If alive, give age yes	21. I CERTIFY that death occurred on the date abo
deceased (mo., day, 8. AGE: Year	0 0	Days	If less than one dayhrs	Institute cause of death
9. 6irthplace	Far	county, and s	tate)	Due to
14. Malden name	martha	the Grand	Bross mg	Major fiudings of operations. Autopsy results
Address 17. Bu (Burial, crematio	oryS.t	B.1. II.	of 5-31-47 (mouth) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide
Location	Bree		ell redecide, ma H. W. Wars	Injured al home, farm, industry, public place (with Means of Injury 23. SIGNATURE.
19. (Date rec'd hy r	egistrar)	7	A-W Wark	Address Prance Fre

MEDICAL CE	RTIFICATION	
20, DATE OF DEATH	, 28, 1947	at
21. I CERTIFY that death occurred on the date above	stated; that I attended dec	eased from
4/20 18	, 10 5 Z	19
and that I last saw hallye on	7	19
Investigate cause of death for the		DURATION
Olavana of cije		

Due to	***************************************	***************************************
• • • • • • • • • • • • • • • • • • • •	***************************************	
Due to		

Other conditions		400
(Include pregnancy within 3 m	onths of death)	
Major findings of operations		
Autopsy results	ch death should be charge	d statistically.
22. VIOLENCE: if death was due to external caus	es, fill in the following:	•
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County)	(State)
Injured al home, farm, Industry, public place (who	ere?)	
Means of injury	injured at work?	

M. D. or other

.Date signed 5-30-4

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JUN 4 1947 BUREAU P 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case specially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

950

03800

CERTIFICATE OF DEATH

er Diat. No. 50

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Ind County Calvert
City or lown	00
How long in above place of death?	City or town
Hospital, Institution, or street address where eath occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Olaf. a. Olsen	216-18-5765
4. Sex 5. Color or rate 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH May 5 147 21 4394.1
Cua Rlain	21. I CERTIFY that death occurred on the date above stated: that I attended daceased from
6.(b) Name of hysband or wife	april - 30 147 10 may 5 1947
T. Birth date of S. C. If alive, give age 64 years	and that I last saw him alive on agrice - 30 - 1347
deceased (mo., day, yr.) Q. A. 31, 1877	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death
69 6 4min.	Cardiac dilatation In
a Biotherina Morray	Due to
9. Birthplace	Served algeneration - 4 /2
10. Usual occupation	Pue lo
11. Industry or business	
	Other conditions.
12. Name Olsen	
13. Birthplace / Jones y	(Include pregnancy within 3 months of death)
14. Maiden name Marie Alland	Major findings of operations
14. Malden name Dranie Henry 15. Birthplace Noway	Date of op.
2- 0'	Antopay results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Solomono	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
11 Bural Date thereof May. 7, 1949	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Date thereot	
Cemetery or crematory	Whete did Injury occur? (City or town) (County) (State)
Location Solomono, mad	Injured at home, farm, Industry, public place (where?)
an we li the	Means of Injury Injured 21 work?
18. Funeral director	T 0 0 1 . 200 D
Address / Mulual, may	23. SIGNATURE & S. Cotter - M. D.
5/6 47 N.E.R. (oston)	M. D. or other
19. Registrar	Address & Story Control Date signed

MAY 13 1947

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ion carefully.

1. PLACE OF DEATH:

3 (a) FIIII NAME

deceased (mo., day, yr.)

8. AGE:

9. Birthp

Hospital, institution, or street address where death occurred:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03801

RTIFICATE	OF	DEATH	

Reg. Dist. No.... 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

3. (b) Social Security Number

ity o	r town // alkera for hi
	(If outside city or togal limits, wrise RURAL and give nearest town)
iraai	No. 3511 Caverport St. 20
11661	(If rore) give OCATION)

2D. DATE OF DEATH.

Means of Injury

4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced
Male	w	Married
6.(b) Name of busba	di-	lith P. Satterlie

8 . (c) If alive, give ageyears
	1888
1	-000
	If less than one day

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	0	(Town	egunt	y, and s	tate)	/	1

11.	industry or busine	ess
THER	t2. Name	Unknown
FA	13. Birthplace	Washington
ER		71-6 0

国 14.	maiden u	ameCarr.ca	A. K. College	K	••••••	***************************************
일 t5.	Birthplace	Un	Knou	m		
16. Into			igail		tter-	lield

Ш	Address		
	to Mouse Company or crema	30 /945 7 on, or femoval. Which? atory Wash	Date thereof mou 30 - 47 (mogyh) (day) (year)

16.	Funeral	director	J	he	4	. #	is	ll m	C	7
		-								

Address & Y D I -)	T St / W Work. DC.	
19 5-30 19 47	23. \$10	GNA
(Date rec'd by registrar)	Registrar Address	1

it. I CERTIFY that death occurred on the date above stated; that I attended decease 29 May 10 May 10 May	1047
nd that I last saw harm alive on 30 May	19. 47
nd that I last saw h Liss. allve on 30 May mmodiate cause of death Chroner possine congestion	DURATION
ue to cher, nejocarslités.	***************************************
ue to	***************************************
ther conditions	***************************************
(Include pregnancy within 8 months of death)	
ajor findings of operations.	***************************************
Date of op	***************************************
utopsy results	atistically.
2. VIOLENCE: If death was due to external causes, fill in the following:	
coldent, suicide, or homicide	
here did injury occur?	

Injured at work?

M. D. or other

Injured at home, farm, Industry, public place (where?)

MEDICAL CERTIFICATION

PLEASE

RECEIVED JUN 4 1947 BUREAU V B.

PLEASE

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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03803 # 131

CERTIFICATE OF DEATH

Reg. Diat. No.

County	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rurai, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Earnest a. Stepney	3. (b) Social Security Number
4. Sex 5. Golor or race 6.(a) Single, married, widowed, or divorced . X	MEDICAL CERTIFICATION 20. DATE DE DEATH
S,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) June 9, 1930	and that Hast saw b
8. AGE: Years Months Days If less than one dayhrsmin.	Japan under
9. Sirthplace	Due to Sentines John
1D. Usual occupation	Due to
E 12. Name. Stepney 13. Birthplace 7nd	Other conditions.
13. Birthplace mq H 14. Maiden name. Elizabeth Chase 15. Birthplace md	(Include preggancy within 3 months of death) Major fiadings of pregation further of the state o
\$ 15. Birthplace md	intelin Date of op 5/4/4)
16. Informant Elizabeth Stepney	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal, Which?) Date thereof. 5-27-47. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, full by the following:
Gemetery or crematory youngs Charpel.	Where did Injury occur?
18. Funeral director RE. Sewall.	Means of injury Rifle 2 Lev T Injured at work?
Address Prince Frederick, and	23. SIGNATURE De State Wed Sta
19. 5-16 19 47 A.W. Ward (Date ree'd by registrar) (Date ree'd by registrar)	Address Dring 2008 Date signed 5/26/47

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MAY 29 1947

BUREAU VS.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. 140.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
Hospilal, institution, or street address where death occurred:	Street No. 3/2-adams St. 11.6. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It vet van, name war
3. (a) FULL NAME Lete Weaver	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 5/5 19 17 21 3 P. N
6.(b) Name of husband or wife May Neaver	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
7. Birth date of October 9, 1896	and that I last ssw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
50 7 6min.	Wen I boat
9. Birthplace Madle lung 1 Ind. (Town, county, and state)	Due to smith the there
10. Usual occupation Retired U.S.N.	Oue to
11. Industry or business & Fisherman	
12. Name Canalana 13. Birthplacs	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Malden name 15. Birthplace	Major findings of operations.
You I The Man	Autopsy results.
Address 31/2 Kdam St. N.E. Wals D.C.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
15-19-47	22, VfOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide.
(Burial, cremation, or removal. Which?) Cemetery or crematory Calenda La. (month) (day) (year)	Whers did Injury occur? (City or town) (County) (State)
Location artington city, Virginia	Injured at home, farm, Inglastry, public place (where?)
18. Funeral director. W. W. Chambers Co.	Maans of Injury Chalant Injured at work? Yes
Address Riverdale, Md.	It must feet the work
19 5-N- 19 47 H. W. Ward	23. SIGNATURE M. D. or other M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed D. A. A. A.

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MAY 29 1947

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